

Massachusetts Department of Environmental Protection Bureau of Resource Protection - Watershed Permitting Program Sanitary Sewer Overflow (SSO)/Bypass

FOR DEP USE ONLY

Tax Identification Number

Notification Form

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return



See DEP Regional Office telephone and fax numbers at the end of this form.

A.	Reporting Facility						
1.	Facility Information						
	Hull Water Pollution Control Facility			MA01	101231		
	Reporting Sewer Authority				Permit #		
2. Authorized Representative Transmitting Form:							
	Daniel	Calnen		781-925-0906			
	First Name	Last Name		Telephone No.			
	Assistant Plant Manager			calnen@unitedwater.com	1		
	Title		E-mail Ad	ddress			
₿.	Phone Notifications:						
1.		Dave		Burns			
	MassDEP staff contacted:	first name		last name			
		1-24-14		8:55	🛛 am	Dm pm	
	Date/Time contacted:	Date		Time			
_	EPA staff contacted:	David		Turin			
2.		first nama		last name			
	D. G. Price. PDA acceptant.	January 23, 2014		2:55		K 21	
	Date/Time EPA contacted:	Date		Time	i am	⊠ pm	
3.	Board of Health contacted:						
).	board of Frealth Contacted.	First Name		Last Name			
	Date/Time contacted:				am	pm	
	Dato, Timo domados.	Date		Time			
4.	Others notified (select all that a	ation Commission					
	<u>_</u>	_					
	☐ Harbormaster ☐ She	ellfish Warden 🔲	Division	of Marine Fisheries			
Downstream Drinking Water Supplier							
	☐ Beach Resource Manager	☑ Other:	Jim Dow, Facility coordinator Town of Hull (specify)				
_	SSO Information		(apecity)	<u> </u>	****		
٠.	330 information						
	SCO Discovered:	January 23,	2014	1:15	□ a	⊠	
١.	SSO Discovered:	Date		Time	∟ am	🔀 pm	
	By: Charles Antoine		· · · · · · · · · · · · · · · · · · ·				
	by.						
2.	SSO Stopped:	January 23,	2014	1:16	am	⊠ pm	
•.	ооо оюрреа.	Date		Time		اللاط الحيط	
3.	SSO Discharge from: Sa	nitary Sewer Manho	le 🗀	Pump Station			
		, , , , , , , , , , , , , , , , , , , ,		•			
	☐ Backup into Property	Other:		Transfer Hose			
	Specify)						
4.	SSO Discharge to: 🗵 Ground Surface (no release to surface water)						
	☐ Direct to Receiving Water			water)			
	<u> </u>		, "	•			
Catch basin to Receivin		vater	(surface)	water)			



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	☐ Backup into Property Basement					
C.	S. SSO Information (cont.)					
	Location: 1111 Nantasket Avenue, Hull, MA 02045 (Description of discharge site or closest address)					
5.	Estimated SSO Volume at time of this Report: <1600 Gallons					
	Method of Estimating Volume: Based on amount vacuumed into vactor.					
6.	Cause of SSO Event:					
	☐ Rain Event ☐ Pump Station Failure ☐ Insufficient Capacity in System					
	☐ Treatment Unit failure					
	☐ Sewer System Blockage: ☐ Pipe Collapse ☐ Root Intrusion ☐ Grease Blockage					
	Other: Contract Electrician unintentionally activated the sludge transfer pump while relocating the temporary electrical control box.					
7.	Corrective Actions Taken:					
	Temporary control panel for pump has been locked out of service until work is complete.					
	Reviewed lockout tagout controls during all electrical work with Contract Company					
	Impact Area cleaned and/or disinfected: Yes No Hosed down impacted driveway area and removed all material with vactor truck back into the					
	treatement process.					
	Corrective Actions Completed: Yes No					
D.	Comments/Attachments/Follow-up					
	I wish to provide (select all that apply):					
	☐ Attachment ☐ Additional comments below: ☐ No additional comments or attachments					
	Additional comments and planned actions:					



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E. Certification Statement

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Authorized Representative

Please keep a copy of this report for your records. When submitting additional information, include the MassDEP Incident Number from this report.

MassDEP Regional Office and EPA Telephone and Fax Numbers:

Northeast Region Phone: 978-694-3215 Fax: 978-694-3499

Southeast Region Phone: 508-946-2750 Fax 508-947-6557

Central Region Phone: 508-792-7650 Fax: 508-792-7621

Western Region Phone: 413-784-1100 Fax: 413-784-1149

EPA Contact Phone: 617-918-1870 (Fax: 617-918-0870

DEP 24-hour emergency Phone: 888-304-1133